

Eli's Hospice Insider

Quality: Brief Hospice Proposed Rule Sees Multiple Quality Provisions

HOPE assessment tool, new modes for CAHPS survey are included in Medicare's quality provisions for 2023.

Just because Medicare has slimmed down this year's annual payment rule in light of the ongoing COVID-19 public health emergency, doesn't mean quality is a low priority. The rule contains a number of quality-related provisions.

By the way: If you're surprised to see the hospice proposed rule out already, you're not alone. "The proposed rule was issued much earlier than is customary, and - likely due to the continuing public health emergency (PHE) and the various other changes implemented over the last two years - is quite limited in scope," the National Association for Home Care & Hospice notes in its rule analysis. "However, [the Centers for Medicare & Medicaid Services] has taken the opportunity presented by the rule to propose some useful policy changes," NAHC judges.

Among the numerous quality-related proposals are:

- **HOPE.** CMS completed alpha testing of the Hospice Outcomes and Patient Evaluation patient assessment tool in January 2021, the agency reports in the proposed rule. "We used findings of the alpha test to inform decisions about the next draft of the HOPE assessment, which are being tested in the national beta test that began in late fall 2021 and continuing through 2022," CMS says in the rule scheduled for publication in the April 4 Federal Register.

"We will use field test results to create a final version of HOPE to propose in future rulemaking for national implementation," CMS says.

More HOPE tool information is at

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/HOPE>

- **CAHPS Survey Modes.** CMS is testing both a web-based Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospice Survey and a shortened form of the survey via regular modes, the agency reports. (Reminder: The survey currently has three approved modes - mail, telephone, and mail with telephone follow-up.)

"We continue to analyze the results of the mode experiment and will keep stakeholders informed," CMS says in the rule. "Any changes to the CAHPS Hospice Survey will be proposed in future rulemaking."

The National Hospice and Palliative Care Organization and its members "have long requested an electronic version and we hope that this will increase response rates," NHPCO's **Judi Lund Person** tells AAPC.



- **CAHPS Star Ratings.** CMS is sticking with its plan to begin displaying the composite CAHPS star ratings on Care Compare in August. Your rating shouldn't be a surprise. "Hospices first saw their Star Ratings in their preview reports during the November 2021 and March 2022 preview periods for the February 2022 and May 2022 updates of Care Compare," CMS reviews in the proposed rule.

Reminder: "CMS uses the Star Ratings for each of the eight CAHPS Hospice measures to calculate a Family Caregiver Survey Rating, which is a summary star rating," the agency explains in a document on its CAHPS Survey Star Rating webpage. Those measures are Communication with Family; Getting Timely Help; Treating Patient with Respect; Emotional and Spiritual Support; Help for Pain and Symptoms; Training Family to Care for

Patient; Rating of this Hospice; and Willingness to Recommend this Hospice. See more details at <https://hospicecahpsurvey.org/en/public-reporting/star-ratings>.

- **New Quality Measures.** Two new claims-based QMs, Hospice Visits in the Last Days of Life (HVLDDL) and Hospice Care Index (HCI), will begin public display in May, as scheduled. Going forward, CMS is considering HOPE-based process measures and "hybrid quality measures that could be calculated from multiple data sources" such as claims, HOPE assessments, and other data sources, CMS says.

"Hybrid quality measures allow for a more comprehensive set of information about care processes and outcomes than can be calculated using claims data alone," CMS explains in the rule. A 2021 HQR P TEP "discussed hybrid concepts such as hospitalizations during a hospice election and patterns of live discharge using claims data and HOPE data elements," CMS adds.

- **HQR P Reporting Threshold.** Since 2020, hospices' payment rates have been affected by whether they hit the 90 percent threshold for timeliness. In other words, "CMS requires that hospices submit 90 percent of all required [Hospice Item Set] records within 30-days of the event (that is, patient's admission or discharge)," the rule explains. And the HIS records must be accepted within that timeframe too.

Hospices also must submit required CAHPS Hospice Survey data monthly via a CMS-approved third-party vendor to fulfill the HQR P reporting requirements.

"Most hospices that fail to meet HQR P requirements do so because they miss the 90 percent threshold," CMS shares in the rule. "We want hospices to be successful with meeting the HQR P requirements," the agency says, noting that hospices can access training at any time at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Hospice-Quality-Reporting-Training-Training-and-Education-Library>.